

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006474
894 STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 7 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN
Kansas City

Length of stay in 1b

6 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR NURSING HOME
INSTITUTION
Norwood Nursing Home
812 Benton Blvd.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY

OR

TOWN

Joplin

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

601 Sargent

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ADA

Middle

AGUSTA DRAKE

Last

DAVIS

4. DATE

OF

DEATH

Month

2

Day

14

Year

62

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-15-82

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Siloam Springs, Arkansas U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Harry Loflin

13b. MOTHER'S MAIDEN NAME

Rebecca

14. NAME OF HUSBAND OR WIFE

Sam Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address 311 1/2 Main

Mr. Howard L. Winstead: Joplin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive heart disease

DUE TO (c)

Atherosclerosis generalized

INTERVAL BETWEEN ONSET AND DEATH

4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Scurvy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-3-61 to 2-14-62 and last saw her alive on 2-12-62

Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. Haight M.D.

22b. ADDRESS

3401 E 12th KCMo

22c. DATE SIGNED

2-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal-Burial 2-16-62

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Ozark Memorial Park Cem.

23d. LOCATION (City, town, or county)

Joplin, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

K.C., Mo.

25. DATE RECD. BY LOCAL REG.

2-15-62

26. REGISTRAR'S SIGNATURE

Ruth Long

PETER B. LAPETINA: 536-38 Campbell

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. Haight

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack L. Moore

Licensed Embalmer No. 4729

P. O. Address Trumble, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.